DOCUMENT HISTORY LOG

STATUS[1]	DOCUMENT REVISION[2]	EFFECTIVE DATE	DESCRIPTION[3]
Baseline	2.0	September 1, 2017	Initial version Uniform Managed Care Manual Chapter 5.6.1.11, "Claims Summary Report Instructions."

[1] Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

[2] Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

[3] Brief description of the changes to the document made in the revision.

I. **Applicability of Chapter 5.6.1.11**

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), CHIP, CHIP Perinatal, STAR Kids, and STAR Health Programs and Dental Contractors participating in the Texas Medicaid and/or CHIP Dental Programs. The term "MCO" includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

II. **Claims Summary Reports**

MCOs contracting with the State of Texas to provide comprehensive health care services and outpatient pharmacy prescription services to qualified Program recipients must submit the Claims Summary Report in accordance with each Contract for services between HHSC and the MCO. Dental Contractors participating as a dental indemnity insurer or single-service health maintenance organization (also referred to as a "dental maintenance organization" or "DMO") in the Texas Medicaid/CHIP Dental Programs must submit the Claims Summary Report in accordance with the Dental Services Managed Care Contract.

The Claims Summary Report will provide HHSC with the information on claims processed within the required timeframes. The claims processing requirements and required timeframes are presented in Chapter 2: Texas Claims Procedures of the Uniform Managed Care Manual (UMCM). Applicable definitions are found in each Contract and in UMCM Chapters 2.0 (Claims Manual), 2.2 (Pharmacy Claims Manual), and 2.3 (Nursing Facility Claims Manual). In addition, the Claims Summary Report will provide information on provider recoupments over $50,000 and on providers receiving advanced payments.

III. **General Instructions**

1. The MCO/Dental Contractor must submit a monthly Claims Summary Report by each Program in which it participates. Medicare-Medicaid Plans (MMPs) must submit separate reports for Medicare and Medicaid claims.

2. Each Claims Summary Report must be submitted by the last Day of the month following the reporting period. If any due date falls on a national holiday or weekend, the report will be due on the next Business Day.

3. The MCO/Dental Contractor must use the Claims Summary Report template to report claims data for the following claims types as applicable:
   - Acute Care

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- Behavioral Health
- Vision
- Long Term Services and Supports (including Nursing Facility Add-on services)
- Dental
- Pharmacy
- Nursing Facility Claims for Nursing Facility Unit Rate services and Nursing Facility Medicare Coinsurance for Long-Term Services and Supports

4. Claims data included in the Claims Summary Report must be within the claims month reported. The MCO/Dental Contractor must not update claims data previously reported within the reporting template.

5. Claims data must be reported inclusive of services rendered by all providers.

6. The MCO/Dental Contractor must complete the worksheets within the report template in accordance with the instructions in this chapter.

7. Refer to the UMCM Chapters 5.0 Consolidated Deliverables Matrix, 5.1 Deliverables Naming Conventions, and 5.1.1 Deliverables Codes for additional instructions.

IV.   Totals by Program Worksheet Instructions

The MCO/Dental Contractor must complete the MCO information fields in the Totals by Program worksheet per the instructions in the table below.

Field	Instructions
MCO Name	Enter the name of the MCO or Dental Contractor.
Program	Depending on the Program information provided in the report, MCOs must enter the applicable Program as follows: "STAR," "STAR+PLUS," "STAR Health," "STAR Kids," "CHIP," "MMP-Medicare," or "MMP-Medicaid". Dental Contractors must enter the applicable Program as "CMDS" or "CHIP Dental".
Claims Month Reported	Enter the month for the claims reported (e.g., September).
State Fiscal Year	Enter the State Fiscal Year in the YYYY format (e.g., 2018).

The data entry the MCO/Dental Contractor completes for these fields will auto populate in the other report template worksheets.

No additional data entry is required for the Totals by Program worksheet. Data fields the MCO/Dental Contractor completes for subsequent report template worksheets will auto populate the tables of the Totals by Program worksheet.

V.   Totals by Claim Type Worksheet Instructions

No data entry is required for the Totals by Claim Type worksheet. Data fields the MCO/Dental Contractor completes for subsequent report template worksheets will auto populate the tables of the Totals by Claim Type worksheet.

VI.   UB 04 (Institutional) Worksheet Field Instructions

1. The UB 04 (Institutional) Worksheet is not applicable to Dental Contractors.

2. The MCO must enter each Month-Year in the MM-YY fields of the UB 04 Clean Claims row for the Acute Care Claims table (e.g., September 2017). The month and year entry will auto populate within this worksheet and to the Totals by Claim Type worksheet.

3. The MCO must use the instructions in the table below to complete the fields for the claims tables for the acute care, behavioral health, vision, and Long Term Services and Supports (including Nursing Facility Add-on Services) claims types.

UB 04 Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for clean claims adjudicated 31 to 90 days after receipt.

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Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied clean claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied clean claims adjudicated 1 to 30 days after receipt.

UB 04 Appealed Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied appealed claims adjudicated 1 to 30 days after receipt.

UB 04 Adjusted Claims	
Field	**Instructions**

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Total Claims	Enter the total number of claims adjusted in the claims month reported.
$ Paid	Enter the amount paid for claims adjusted in the claims month reported.
UB 04 Processed Claims	
Field	**Instructions**
Total Rejected Claims	Enter the total number of Rejected claims processed in the claims month reported.
Total Duplicate Claims	Enter the total number of Duplicate claims processed in the claims month reported.
Total Deficient-Denied Claims	Enter the total number of Deficient-Denied claims processed in the claims month reported.
Total Deficient-Pended Claims	Enter the total number of Deficient-Pended claims processed in the claims month reported.
UB 04 Other Claims	
Field	**Instructions**
Total Other Unprocessed Claims	Enter the total number of Other Unprocessed claims in the claims month reported.
Total Capitated Claims	Enter the total number of Capitated Service claims in the claims month reported.
UB 04 Interest Penalties	
Field	**Instructions**
Total Claims	Enter the total number of claims subject to interest penalties in the claims month reported. Claims subject to interest penalties are clean claims, or any portion of clean claims, that remain unadjudicated beyond 30 days from the date of receipt.
$ Paid	Enter the amount of interest paid to providers for claims subject to interest penalties in the claims month reported.

4. The Nursing Facility Claims table is only applicable to STAR+PLUS MCOs and Medicare-Medicaid Plans.

5. The MCO must use the instructions in the table below to complete the fields for the Nursing Facility Claims table.

NF 837i Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >10=<90 days	Enter the number of paid clean claims adjudicated 11 to 90 days after receipt.
Adjudicated-Paid: $ Paid >10=<90 days	Enter the amount paid for clean claims adjudicated 11 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=10 days	Enter the number of paid clean claims adjudicated 1 to 10 days after receipt.
Adjudicated-Paid: $ Paid <=10 days	Enter the amount paid for clean claims adjudicated 1 to 10 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied clean claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >10=<90 days	Enter the number of denied clean claims adjudicated 11 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=10 days	Enter the number of denied clean claims adjudicated 1 to 10 days after receipt.
NF 837i Appealed Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid appealed claims adjudicated 31 to 90 days after receipt.

Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied appealed claims adjudicated 1 to 30 days after receipt.

NF 837i Adjusted Claims

Field	Instructions
Total Claims	Enter the total number of claims adjusted in the claims month reported.
$ Paid	Enter the amount paid for claims adjusted in the claims month reported.

NF 837i Processed Claims

Field	Instructions
Total Rejected Claims	Enter the total number of Rejected claims processed in the claims month reported.
Total Duplicate Claims	Enter the total number of Duplicate claims processed in the claims month reported.
Total Deficient-Denied Claims	Enter the total number of Deficient-Denied claims processed in the claims month reported.
Total Deficient-Pended Claims	Enter the total number of Deficient-Pended claims processed in the claims month reported.

NF 837i Other Claims

Field	Instructions
Total Other Unprocessed Claims	Enter the total number of Other Unprocessed claims in the claims month reported.

Total Capitated Claims	Enter the total number of Capitated Service claims in the claims month reported.
NF 837i Interest Penalties	
Field	**Instructions**
Total Claims	Enter the total number of claims subject to interest penalties in the claims month reported. Claims subject to interest penalties are clean claims, or any portion of clean claims, that remain unadjudicated beyond 10 days from the date of receipt.
$ Paid	Enter the amount of interest paid to providers for claims subject to interest penalties in the claims month reported.

VII.   CMS 1500 (Professional) Worksheet Instructions

1. The CMS 1500 (Professional) Worksheet is not applicable to Dental Contractors.

2. The MCO must enter each Month-Year in the MM-YY fields of the CMS 1500 Clean Claims row for the Acute Care Claims table (e.g., September 2017). The month and year entry will auto populate within this worksheet and to the Totals by Claim Type worksheet.

3. The MCO must use the instructions in the table below to complete the fields for the claims tables for the acute care, behavioral health, vision, and Long Term Services and Supports (including Nursing Facility Add-on Services) claims types.

CMS 1500 Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid clean claims adjudicated 31 to 90 days after receipt.

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Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied clean claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied clean claims adjudicated 1 to 30 days after receipt.
CMS 1500 Appealed Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied appealed claims adjudicated 31 to 90 days after receipt.

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Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied appealed claims adjudicated 1 to 30 days after receipt.

CMS 1500 Adjusted Claims	
Field	**Instructions**
Total Claims	Enter the total number of claims adjusted in the claims month reported.
$ Paid	Enter the amount paid for claims adjusted in the claims month reported.

CMS 1500 Processed Claims	
Field	**Instructions**
Total Rejected Claims	Enter the total number of Rejected claims processed in the claims month reported.
Total Duplicate Claims	Enter the total number of Duplicate claims processed in the claims month reported.
Total Deficient-Denied Claims	Enter the total number of Deficient-Denied claims processed in the claims month reported.
Total Deficient-Pended Claims	Enter the total number of Deficient-Pended claims processed in the claims month reported.

CMS 1500 Other Claims	
Field	**Instructions**
Total Other Unprocessed Claims	Enter the total number of Other Unprocessed claims in the claims month reported.
Total Capitated Claims	Enter the total number of Capitated Service claims in the claims month reported.

CMS 1500 Interest Penalties	
Field	**Instructions**
Total Claims	Enter the total number of claims subject to interest penalties in the claims month reported. Claims subject to interest penalties are clean claims, or any portion of clean claims, that remain unadjudicated beyond 30 days from the date of receipt.

$ Paid	Enter the amount of interest paid to providers for claims subject to interest penalties in the claims month reported.

VIII. Dental Claims Worksheet Instructions

1. The Dental Claims Worksheet is only applicable to Dental Contractors and the STAR Health MCO.

2. The Dental Contractor and STAR Health MCO must enter each Month-Year in the MM-YY fields of the ADA Clean Claims row of the table (e.g., September 2017). The month and year entry will auto populate within this worksheet and to the Totals by Claim Type worksheet.

3. The Dental Contractor and STAR Health MCO must use the instructions in the table below to complete the fields of the table for dental claims.

ADA Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for clean claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for clean claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for clean claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied clean claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied clean claims adjudicated 31 to 90 days after receipt.

Adjudicated-Denied: Total Claims <=30 days	Enter the number of denied clean claims adjudicated 1 to 30 days after receipt.
ADA Appealed Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >90 days	Enter the number of paid appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: $ Paid >90 days	Enter the amount paid for appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Paid: Total Claims >30=<90 days	Enter the number of paid appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: $ Paid >30=<90 days	Enter the amount paid for appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Paid: Total Claims <=30 days	Enter the number of paid appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Paid: $ Paid <=30 days	Enter the amount paid for appealed claims adjudicated 1 to 30 days after receipt.
Adjudicated-Denied: Total Claims >90 days	Enter the number of denied appealed claims adjudicated 91 days and over after receipt.
Adjudicated-Denied: Total Claims >30=<90 days	Enter the number of denied appealed claims adjudicated 31 to 90 days after receipt.
Adjudicated-Denied: Total Claims <=30 days	Enter number of denied appealed claims adjudicated 1 to 30 days after receipt.
ADA Adjusted Claims	
Field	**Instructions**
Total Claims	Enter the total number of claims adjusted in the claims month reported.
$ Paid	Enter the amount paid for claims adjusted in the claims month reported.
ADA Processed Claims	
Field	**Instructions**
Total Rejected Claims	Enter the total number of Rejected claims processed in the claims month reported.

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Total Duplicate Claims	Enter the total number of Duplicate claims processed in the claims month reported.
Total Deficient-Denied Claims	Enter the total number of Deficient-Denied claims processed in the claims month reported.
Total Deficient-Pended Claims	Enter the total number of Deficient-Pended claims processed in the claims month reported.
ADA Other Claims	
Field	**Instructions**
Total Other Unprocessed Claims	Enter the total number of Other Unprocessed claims in the claims month reported.
Total Capitated Claims	Enter the total number of Capitated Services claims in the claims month reported.
ADA Interest Penalties	
Field	**Instructions**
Total Claims	Enter the total number of claims subject to interest penalties in the claims month reported. Claims subject to interest penalties are clean claims, or any portion of clean claims, that remain unadjudicated beyond 30 days from the date of receipt.
$ Paid	Enter the amount of interest paid to providers for claims subject to interest penalties in the claims month reported.

IX. Pharmacy Benefit Manager (PBM) Claims Worksheet Instructions

1. The PBM Claims Worksheet is not applicable to Dental Contractors.

2. The MCO must enter each Month-Year in the MM-YY fields of the Electronic Clean Claims row of the table (e.g., September 2017). The month and year entry will auto populate within this worksheet and to the Totals by Claim Type worksheet.

3. The MCO must use the instructions in the table below to complete the fields of the table for pharmacy claims.

Electronic Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >18 days	Enter the number of electronic clean claims adjudicated 18 days and over after receipt.
Adjudicated-Paid: $ Paid >18 days	Enter the amount paid for electronic clean claims adjudicated 18 days and over after receipt.
Adjudicated-Paid: Total Claims <=18 days	Enter the number of electronic clean claims adjudicated 1 to 18 days after receipt.
Adjudicated-Paid: $ Paid <=18 days	Enter the amount paid for electronic clean claims adjudicated 1 to 18 days after receipt.
Rejected: Total Claims >18 days	Enter the number of rejected electronic clean claims adjudicated 18 days and over after receipt.
Rejected: Total Claims <=18 days	Enter the number of rejected electronic clean claims adjudicated 1 to 18 days after receipt.
Non-Electronic Clean Claims	
Field	**Instructions**
Adjudicated-Paid: Total Claims >21 days	Enter the number of non-electronic clean claims adjudicated 21 days and over after receipt.
Adjudicated-Paid: $ Paid >21 days	Enter the amount paid for non-electronic clean claims adjudicated 21 days and over after receipt.
Adjudicated-Paid: Total Claims <=21 days	Enter the number of non-electronic clean claims adjudicated 1 to 21 days after receipt.
Adjudicated-Paid: $ Paid <=21 days	Enter the amount paid for non-electronic clean claims adjudicated 1 to 21 days after receipt.
Rejected: Total Claims >21 days	Enter the number of rejected non-electronic clean claims adjudicated 21 days and over after receipt.
Rejected: Total Claims <=21 days	Enter the number of rejected non-electronic clean claims adjudicated 1 to 21 days after receipt.
Interest Penalties	
Field	**Instructions**
Total Claims	Enter the total number of claims subject to interest penalties in the claims month reported.

	Claims subject to interest penalties are clean claims, or any portion of clean claims, that remain unadjudicated beyond 18 days from the date of receipt if submitted electronically and 21 days from the date of receipt if submitted non-electronically.
$ Paid	Enter the amount of interest paid to providers for claims subject to interest penalties in the claims month reported.

X. Recoupments Worksheet Instructions

1. The MCO/Dental Contractor must provide the information identified in the table below for each provider who the MCO recouped over $50,000 or more in the claims month reported.
2. Recoupments related to Coordination of Benefits (COB) and Third Party Liability (TPL) are excluded and are not required to be reported on this reporting template.
3. The Recoupments worksheet is not applicable to Pharmacy Benefit Managers.
4. The MCO/Dental Contractor must report multiple recoupments for the same provider on separate lines only if the reason for recoupment is different.
5. If more recoupments occurred within the month reported than the template allows, the MCO/Dental Contractor may insert additional rows as needed.

Field	Instructions
Provider Name	Enter the first and last name of the provider who the MCO recouped over $50,000 or more.
Reason for Recoupment	Enter the reason for the recoupment.
Recoupment Amount	Enter the amount of the recoupment.
Recoupment Date	Enter the date of the recoupment.

XI. Advanced Payments Worksheet Instructions

1. The MCO/Dental Contractor must provide the information identified in the table below for each provider who received an advanced payment in the claims month reported.
2. The Advanced Payments worksheet is not applicable to Pharmacy Benefit Managers.

3. The MCO/Dental Contractor must report multiple advanced payments for the same provider on separate lines only if the reason for advanced payment is different.
4. If more advanced payments occurred within the month reported than the template allows, the MCO/Dental Contractor may insert additional rows as needed.

Field	Instructions
Provider Name	Enter the first and last name of the provider who received an advanced payment.
Reason for Advanced Payment	Enter the reason for the advanced payment.
Amount Paid	Enter the amount of the advanced payment.
Date Paid	Enter the date of the advanced payment.